

FILED DEC 22 1950

STANDARD CERTIFICATE OF DEATH

41827

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>415</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #9 Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #9 Moberly</u>			
3. NAME OF DECEASED a. (First) <u>FANNIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>MCCAIN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-17-1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH (Month) (Day) (Year) <u>March-24-1880</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>8</u>		11. DAYS <u>17</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Howard County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James F. McCain</u>		13b. MOTHER'S MAIDEN NAME <u>Ebbie Summester</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas F. McCain</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas F. McCain</u>		18. ADDRESS <u>Moberly MO.</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Apoplexy</u> <u>Left lenticulostriate artery.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis cerebral</u> DUE TO (c) <u>Fracture, Inter trochanteric hip, right</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Fracture, Inter trochanteric hip, right</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION <u>28 Nov. 50.</u>		19b. MAJOR FINDINGS OF OPERATION <u>Closed Fracture Nail Rep fracture.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT (Specify) <u>Fall</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Moberly Randolph MO</u>		21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 23 1950 B.m.</u>		21d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR <u>Fall</u>		22. I hereby certify that I attended the deceased from <u>Nov. 23, 1950</u> , to <u>Dec 17, 1950</u> , that I last saw the deceased alive on <u>Dec 16, 1950</u> , and that death occurred at <u>145 P.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Howard C. Omo</u>		23b. ADDRESS <u>346 Woodland Ave Moberly Mo</u>	
23c. DATE SIGNED <u>13 Dec 50</u>		24a. BURNING, CREMATION, REMOVAL (Specify) <u>Burned</u>		24b. DATE <u>Dec-13-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek</u>	
24d. LOCATION (City, town, or county) (State) <u>North of Moberly MO.</u>		24e. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Seal</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>Seal</u>		24g. ADDRESS <u>Funeral Home Moberly MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

